

# **Supported Employment Vendor Application** **Kentucky Office of Vocational Rehabilitation**

Updated 7/1/10

The Supported Employment/Community Rehabilitation Program Branch of the Office of Vocational Rehabilitation accepts applications to become a vendor of Supported Employment any time during the year. Agencies and Organizations interested in becoming a vendor should complete the application and return it for review by the Supported Employment Branch. All applications are considered in the order that they are received. After the initial review, we reserve the right to request follow-up information or more specific answers to questions, as needed.

OVR Guidelines for Purchase of Supported Employment Services must be followed by each Vendor, once approved as a Provider in the KY Supported Employment Network. These guidelines are available at Kentucky Supported Employment Training Program website, which also contains other useful resources and information.

This website also contains information about the required Supported Employment Training which all Supported Employment personnel must complete in order to deliver services paid for by the Office of Vocational Rehabilitation.

[www.hdi.uky.edu/setp](http://www.hdi.uky.edu/setp) Click on **Materials** and then **OVR SE Provider Guidebook** or **OVR SE Toolbox** for information about the purchasing guidelines. Click on **Training** for info on **REQUIRED** and optional training.

## **Instructions**

1. The applicant must fully complete and submit the Supported Employment application form, including the OVR/OFB Vendor Application Form specifying your Tax Status, and Employer ID Number (FEIN). All Application submittals must also include a **W-9 form**, available here:  
<https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

2. There must be written assurances that extended, long-term support services will be provided for each person served using funds other than through OVR. See question #8.

3. Complete Applications should be mailed to:

Teresa Brandenburg  
Office of Vocational Rehabilitation  
275 E. Main Street  
Mail Drop 2-EK  
Frankfort, KY 40621

Please direct any questions regarding the application to:

Kari Skaggs, [kari.skaggs@ky.gov](mailto:kari.skaggs@ky.gov)  
502-782-3429

Teresa Brandenburg, [teresa.brandenburg@ky.gov](mailto:teresa.brandenburg@ky.gov)  
502-782-3445.

**OVR APPLICATION FOR SUPPORTED EMPLOYMENT VENDORSHIP**

Name and Address of Organization:

Contact Person(s) including phone number and email:

Counties to be served (or description of local area or particular group)

Number of Persons Targeted to Serve during Year One:

How many individuals do you currently serve who work in the community? Please describe how you provide support for these individuals, both on and off the job site.

**Additional pages may be utilized, and/or attachments such as descriptions of funding may be included.**

***The following questions need to be addressed in narrative format.  
Concise, descriptive paragraphs should suffice.***

1. Briefly describe your organization's mission, and why you desire to deliver supported employment services.

2. Describe in general terms the population you plan to serve. If you are restricted to a particular disability population because of funding or for other reasons, please explain.

3. How will you "staff" the supported employment program? Describe the specific job duties of the staff designated to deliver supported employment services OR attach the Job Description, including minimum qualifications.

4. Will the SE Specialist be involved exclusively in supported employment services with your agency, or will he/she be assigned to other duties as well? If other duties will be assigned to the Supported Employment Specialist, please describe in detail how you will assure that sufficient time is devoted to supported employment services.

5. Describe briefly your administrative, fiscal, and record keeping systems.

6. Briefly describe how you plan to address and assure integration at the job site, a key feature of supported employment.

7. How will you assure consumer satisfaction with your services and supports?

8. How will you customize and fund extended, ongoing support services? Be specific about the fund sources you plan to use.

**Education and Workforce Development Cabinet  
Office of Vocational Rehabilitation  
Office for the Blind**

**VENDOR APPLICATION FORM**

The Office of Vocational Rehabilitation (OVR) and Office for the Blind (OFB) assist Kentuckians with disabilities achieve suitable employment and independence. Thank you for your willingness to collaborate with our agencies in support of that mission.

***The information below, along with a completed IRS Form W-9, is required to process this application. Failure to provide the required information will delay the acceptance of your application.***

**Business Information**

Legal Business Name:

Doing Business As (DBA) *(if applicable)*

Mailing Address:

**Payment Information**

Remittance Address *(if different from mailing address)*

Remittance City County Location:

County or Counties where your services are offered *(List all counties or attach additional sheets if necessary):*

**Business Contact Information**

Contact Person (full name and title):

Contact Person Telephone Number:

Fax:

Contact Person Email:

**Tax Information**

9 Digit Taxpayer ID (SSN):

Employer ID Number (FEIN):

**Tax Status (Please Select One)**

☐ Individual

☐ Sole Proprietorship

☐ Partnership

☐ Estate/Trust

☐ Corporation

☐ Public Service Corporation

☐ Government

☐ Non-profit Agency

**Service Provided (check all that apply)**

☐ Assistive Technology

☐ Hotel/Motel/Lodging

☐ Psychologist

☐ Attendant Care

☐ Housing/Food

☐ Reader

☐ Business/Trade/Technical School

☐ Laboratory

☐ Retail/Wholesale

☐ Child care

☐ License and Permits

☐ Supported Employment

☐ Chiropractor

☐ Medical Clinic

☐ Transportation

☐ College or University

☐ Note taker/Tutor

☐ Van Modification

☐ Dentist/Oral Surgery

☐ On-the-Job Training/Job Coaching

☐ Dietary Services

☐ Optometrist

☐ Electronic Equipment

☐ Pharmacy

☐ Hospital (In or Out Patient)

☐ Property Management

☐ Medical Professional (please specify):

☐ Therapist (please specify):

☐ Interpreter (please specify):

☐ Other not listed (please specify):

**Certificate/Licensure(as appropriate):**

**Certificate/License Number:**

**Date Certificate/License valid through:**

**Education and Workforce Development Cabinet  
Office of Vocational Rehabilitation  
Office for the Blind**

**MANDATORY GUIDANCE GOVERNING PURCHASE OF SERVICES**

The Kentucky Office of Vocational Rehabilitation (OVR) and the Office for the Blind (OFB) must comply with state and federal law concerning additional charges that may be levied against an OVR or OFB consumer. Pursuant to state law, 781 KAR 1:020 § 5, a vendor providing any service authorized by OVR and OFB is prohibited from, and **shall not charge or accept from the applicant/consumer or his/her family any payment for such service, unless the amount of such charge or payment is previously known to and, where applicable, approved in writing by OVR or OFB.**

In accordance with 34 CFR § 361.53, full consideration must be given to any comparable benefits available to the consumer under any other programs to meet, in whole or in part, the cost of vocational rehabilitation services. Such comparable benefits include, but are not limited to, Medicaid, Medicare, private insurance and /or any other health insurance and all forms of federal, state and private post-secondary financial aid.

Applicant agrees to comply, and assures the compliance of each subcontractor, with Federal requirements and guidance regarding human trafficking, including, but not limited to The Trafficking Victims Protection Act of 2000 (TVPA), as amended, 22 U.S.C. § 7104(g), 2 C.F.R. part 175, and Executive Order 13627.

Applicant certifies by submission of this application that neither it nor its principal(s) are presently debarred, suspended or proposed for debarment, by any federal or state department or agency. Applicant further certifies that if it should become debarred it will let OVR know of such debarment within 72 hours of learning of the debarment.

An Authorization for Goods and/or Services from the Office of Vocational Rehabilitation or the Office for the Blind is a guarantee of a base payment to the vendor.

**The base rate is determined by fee schedules and Service Fee Memoranda found on the OVR internet site <http://www.ovr.ky.gov> or other mechanism to establish a payment rate. Should the service provider elect not to accept an OVR or OFB Authorization for Goods and/or Services, the vendor must return the Authorization to the authorizing counselor upon receipt. The consumer will be notified by the OVR or OFB counselor that the agency will not be responsible for services provided by this vendor.**

When OVR or OFB is an involved purchaser of services, itemized bills, appropriate reports, discharge summaries, diagnostic test results must be provided to the authorizing counselor. Failure to provide such will result in payment delays to the vendor and/or service delays to the consumer.

Any overpayment to a vendor shall be reimbursed to OVR or OFB within 30 days of the time the account goes into over-payment status.

Be advised that there is a Reciprocity Agreement between the Commonwealth and the U.S. Treasury. The U.S. Treasury will intercept federal payments if the vendor owes funds to the commonwealth and the Commonwealth will intercept state payments where the vendor owes funds to the U.S. Treasury.

The applicant certifies by submission of this document that the providers of the service(s) will comply with all mandatory guidelines described above and will meet all licensing/accrediting/certification requirements of OVR/OFB as well as applicable state and federal requirements.

***The Kentucky Education and Workforce Development Cabinet, Office of Vocational Rehabilitation, and Office for the Blind do not discriminate on the basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.***

Authorized Signature:	Printed Name:	Date:
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**(THIS SECTION MUST BE COMPLETED BY THE OVR OR OFB COUNSELOR/ASSISTANT)**

<b>Counselor Signature:</b>	<b>Type of Vendor / Service Provider</b>
<b>Assistant Signature:</b>	<b>*MUST CHECK ONE* and include verification of completion of OVR requirements</b>
<input type="checkbox"/> New Vendor	<input type="checkbox"/> Community Rehab Program-State/County/City Government
<input type="checkbox"/> Address Change	<input type="checkbox"/> Community Rehab Program –Private
<input type="checkbox"/> Name Change	<input type="checkbox"/> Other Vendors- State/County/City Government
	<input type="checkbox"/> Other Vendors - Private